



# CITY OF GLOUCESTER

Health Department  
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**Public Health**  
Prevent. Promote. Protect.

## FOOD ESTABLISHMENT PERMIT APPLICATION

***Application must be submitted at least 30 days before the planned opening date or 30 days before expiration of license***

**\*\*ANY PAYMENTS RECEIVED AFTER FEBRUARY 1<sup>ST</sup> WILL BE SUBJECT TO A \$50 LATE FEE\*\***

THERE IS A FEE FOR EACH PERMIT. There is no fee for non-profit organizations & churches. Check all that applies:

\_\_\_\_\_ \$125-RETAIL \_\_\_\_\_ \$200-FOOD SERVICE ESTABLISHMENT \_\_\_\_\_ \$75-RESIDENTIAL \_\_\_\_\_ \$100-CATERING

Length of permit (check one): \_\_\_\_\_ ANNUAL \_\_\_\_\_ SEASONAL/from \_\_\_\_\_ to \_\_\_\_\_

Establishment Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Mailing Address (if different): \_\_\_\_\_

Establishment Telephone No: \_\_\_\_\_ 24 Hour Emergency No: \_\_\_\_\_

### Establishment Owned By:

An association \_\_\_\_\_ A Corporation \_\_\_\_\_ An Individual \_\_\_\_\_ A Partnership \_\_\_\_\_ Other Legal Entity \_\_\_\_\_

Owner's Email Address (or person in charge): \_\_\_\_\_

**If a corporation or partnership, give name, title, and home address of officers or partner:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

**Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.):**

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_ Emergency Telephone No: \_\_\_\_\_

**District or Regional Supervisor (if applicable):**

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_ Emergency Telephone No: \_\_\_\_\_

PLEASE CIRCLE EITHER YES OR NO: City Water: yes/no Well: yes/no Septic System: yes / no  
Days & Hours of Operation: \_\_\_\_\_ No. Of Employees: \_\_\_\_\_

**NAME OF PERSON IN CHARGE CERTIFIED IN FOOD PROTECTION MANAGEMENT (Food Service Establishment ONLY)**  
*Please attach copy of certificate:*

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Certification No: \_\_\_\_\_

Person trained in Anti-Choking Procedures (if 25 seats or more): YES: \_\_\_\_\_ NO: \_\_\_\_\_

**Establishment Type (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Retail ( _____ Sq. Ft.)                     | <input type="checkbox"/> Food Delivery   |
| <input type="checkbox"/> Food Service- ( _____ Seats)                | <input type="checkbox"/> Residential Kitchen for Retail Sale                   |
| <input type="checkbox"/> Food Service- Takeout                       | <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Home          |
| <input type="checkbox"/> Food Service-Institution ( _____ Meals/Day) | <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Establishment |
| <input type="checkbox"/> Caterer                                     | <input type="checkbox"/> Frozen Dessert Manufacturer                           |

**Food Operations (check all that apply):**

Definitions: PHF - potentially hazardous foods (time/temperature controls required)  
Non-PHF - non-potentially hazardous foods (no time/temperature controls required)  
RTE - ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)

- ☐ Sale of Commercially Pre-Packaged Non-PHFs
- ☐ Sale of Commercially Pre-Packaged PHFs
- ☐ Delivery of Packaged PHFs
- ☐ Reheating of Commercially Processed Foods For Service Within 4 Hours
- ☐ Customer Self-Service of Non-PHF and Non-Perishable Foods Only
- ☐ Preparation of Non-PHFs
- ☐ PHF Cooked to Order
- ☐ Preparation of PHFs for Hot and Cold Holding for Single Meal Service
- ☐ Sale of Raw Animal Foods Intended to be Prepared by Consumer
- ☐ Customer Self-Service
- ☐ Ice Manufactured & Packaged for Retail Sale
- ☐ Juice Manufactured & Packaged for Retail Sale
- ☐ Offers RTE PHF in Bulk Quantities
- ☐ Retail Sale of Salvaged Out-of-Date or Reconditioned Food
- ☐ Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service
- ☐ PHF and RTE Foods Prepared For a Highly Susceptible Population or Facility
- ☐ Vacuum Packaging/Cook Chill
- ☐ Use of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
- ☐ Offers Raw or Undercooked Food of Animal Origin
- ☐ Prepares Food/Single Meals for Catered Events or Institutional Food Service
- ☐ Other(Describe): \_\_\_\_\_

**I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable laws. I further certify that my water, sewer and tax bills have been paid to the City of Gloucester.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number or Federal ID: \_\_\_\_\_ Signature of Individual or Corporate Name: \_\_\_\_\_

**Food Inspector;** Rosalee Nicastro  
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